PART B - FEE(S) TRANSMITTAL

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| | INSTRUCTIONS: This for appropriate. All further co-indicated taless corrected | should be used for tran espondence including the below or directed otherwise | smitting the ISSUE Patent, advance ord in Block 1, by (a) | | | ired). Blocks 1 through 5 will be mailed to the curren ; and/or (b) indicating a ser | should be completed where nt correspondence address as parate "FEE ADDRESS" for | | |
| | CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 25267 7590 03/02/2005 BOSE MCKINNEY & EVANS LLP 135 N PENNSYLVANIA ST SUITE 2700 INDIANAPOLIS, IN 46204 | | | | Note: A certificate of mailing can only be used for domestic mailings Fee(s) Transmittal. This certificate cannot be used for any other accomp papers. Each additional paper, such as an assignment or formal drawing have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the States Postal Service with sufficient postage for first class mail in an en addressed to the Mail Stop ISSUE FEE address above, or being factransmitted to the USPTO (703) 746-4000, on the date indicated below. | | for domestic mailings of the d for any other accompanying ment or formal drawing, must | | |
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| | FC:1501 FC:1504 | 1400.00 OP 300.00 OP | | | June 1, 20 | 05 | (Date) | | |
| [| APPLICATION NO. | FILING DATE | F | IRST NAMED INVE | ENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | | |
| | 10/627,226 07/25/2003 James Robert Risk JR. 8266-1089 5090 TITLE OF INVENTION: SIDERAIL PAD FOR HOSPITAL BED | | | | | | 5090 | | |
| | APPLN. TYPE | SMALL ENTITY | ISSUE FEI | E | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | | |
| | nonprovisional | NO | \$1400 | | \$300 | \$1700 | 06/02/2005 | | |
| [| EXAMINER | | ART UNIT | | CLASS-SUBCLASS |] | | | |
| | TRETTEL, MICHAEL | | 3673 | | 005-425000 | - | | | |
| • | 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | |
| _ | Number is required. | | ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | |
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| J | 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI Hill-Rom Ser Please check the appropriate 4a. The following fee(s) are of the series of the s | an assignee is identified be 137 CFR 3.11. Completion of EE rvices, Inc. 2 assignee category or category | ries (will not be prin 4b. | ata will appear on a substitute for filing RESIDENCE: (Cl. Wilmington ated on the patent) Payment of Fee(s) A check in the appear of Payment by cre | in the patent. If an assigning an assignment. ITY and STATE OR COOM. Delâware : Individual Community : Individual Communit | orporation or other private goodsed. B is attached. harge the required fee(s), or | Government Government or credit any overpayment, to | | |
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